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# *Medical students' opinion on the religious beliefs in professional doctors' work*

Faith is a factor that, whether consciously or not, frequently influences human behaviour and decisions. Especially religious faith justified by the superior idea, that is, God. It is always, in fact, something mysterious, sometimes irrational, obscured before direct empirical examination, however, it can manifest itself through people's behaviours and decisions which are evident and can be examined by means of psychological and sociological methods. Therefore the phenomenon of religiousness can be traced by reference to the frequency of religious practices and intensity of the relationship with the transcendental being (God) (9).

The influence of religiousness on peoples' attitudes and decisions is also the subject of medical interest, for, as numerous researches proved, it has an impact on the understanding of the issue of heath and illness, taking care of one's health, the frequency of visits to a doctor, the length of hospitalization, continuation or cessation of intensive medical care, decisions on abortion, or even plays a role in the healing process (1, 2, 5, 6, 7, 8, 10) Nevertheless, it is by far too rarely when the role of faith in the behaviours and attitudes of medical staff, especially doctors, is put to examination.

The examination focused on the role of religious faith in doctors' professional life and the answer to the question of whether there are interrelations (and what is their strength) between the intensity of religious life and the attitude to patients and decisions taken in the situations when there is a discrepancy between the teaching of the Roman Catholic Church and official legal regulations. In Poland it concerns mainly contraception, *in vitro* insemination and abortion. We were also interested in students' opinions on the significance of religious faith in their future medical practice.

## MATERIAL AND METHODS

The examination was carried out on a group of 230 final year medical students (6$^{th}$ year of Medical Faculty and 5$^{th}$ year of Dentistry). In the surveyed group there were 64% of females and 36% of males. With regard to religious beliefs, the group was fairly homogeneous – 97% declared Roman Catholic denomination. The distribution of religiousness reflected the actual state of affairs. Statistical analysis showed that the surveyed group consists of persons of moderately high intensity of religious practices and relatively low rate of religious crisis. The advanced analysis did not take into account persons experiencing religious crisis.

The survey was done by means of a questionnaire developed in cooperation with the Department of the Psychology of Religion of the Catholic University of Lublin. The questionnaire contained: the scale of religious attitudes by Prężyna (21 statements), the scale of religious crisis (6 statements), the scale of attitudes towards the patients (12 statements – based on the principle of altruism, respect for autonomy, social justice and holism), and autodeclarations relating to the role of religious faith in professional life. The answers were evaluated in the seven-level Likert scale.

Moreover, the questionnaire include the questions regarding decision-making in certain contexts in which there is a discrepancy between the teaching of the Roman Catholic Church and the state law.

For the statistical calculations, the non-parametrical analysis of rho-Spearman was used as well as the non-parametrical analysis of variations (H-Kruskal-Wallis test). In order to analyze the differences in the answers given by different groups of people the U-Mann-Whitney test was applied.

## RESULTS

The intensity of religious faith reflected in the scale of religious attitudes was correlated with the results of the scale of attitudes towards the patient, which relied on four dimensions: altruism, holism (as regards the consideration of psychical and sociological factors within the diagnostic and treatment process), social justice and respect for patient's autonomy.

The relation between religiousness and attitude to patients was observed. The obtained statistics prove the relations to be relatively weak ($r<0.3$) yet statistically significant. All dimensions of the scale of attitudes towards the patient positively correlate with the scale of religious attitudes (Table 1).

Table.1 Religiosity and attitude to patient

| | | Altruism | Holism | Justice | Autonomy |
|---|---|---|---|---|---|
| Religiosity | correlation coefficient | .271 | .235 | .152 | .186 |
| | significance | $P<0.001$ | $p<0.001$ | $p<0.05$ | $p<0.05$ |

Subsequently, the answers to categorial questions were analyzed statistically. The first two concerned the belief in miracles and the following ones concerned decisions in the situations when there is a discrepancy between the teaching of the Roman Catholic Church and legal acceptability in the light of the state law.

The question: 'Do you think miracles take place (as the results of God's intervention)?' was answered affirmatively by 71% respondents, negatively by 9.5%, and 19.5% said 'I don't know' (Fig. 1). There were differences in the intensity of religious attitudes between the above groups at a very high level of statistical significance ($p<0.001$) and it was affirmed that there was a positive correlation between the religiosity and the belief in miracles and its character is linear (Fig. 2).

Fig. 1

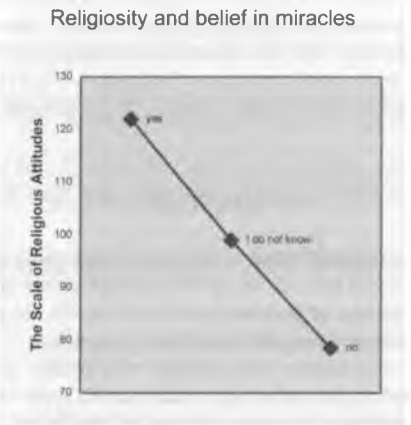


Fig. 2

The next question: 'Have you witnessed the instances of miraculous cures?' was answered affirmatively by 7% (12 persons), the remaining respondents (93%) were negative. The statistical analysis proved that there were no differences in the intensity of religious attitudes between the groups of people who witnessed or did not witness any miraculous cures.

The next questions focused on the situations in which there is a divergence between the legal permissibility and the teaching of the Roman Catholic Church. Thirty-nine percent of respondents would prescribe a contraceptive to a sixteen-year-old female patient who wanted to initiate sexual life, 27% would be negative and 34% would not know what to do when facing such a situation. The above groups displayed differences in the results of the scale of religious attitudes at a very high statistical significance ($p<0.01$) and it was affirmed that there existed a negative correlation between the intensity of religious attitudes and the propensity to prescribe a contraceptive to a sixteen-year-old and that it has a linear character (Fig. 3, 4).

A negative correlation was also discovered between the religiosity and the tendency to apply the *in vitro* insemination and it had also a linear character ($p<0.5$). It is worth noting that most respondents (about 70%) referred positively to the idea of applying artificial insemination methods to infertile couples (Fig. 5).

Fig. 3

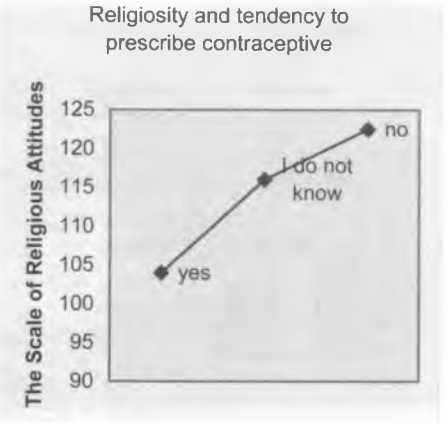


Fig. 4

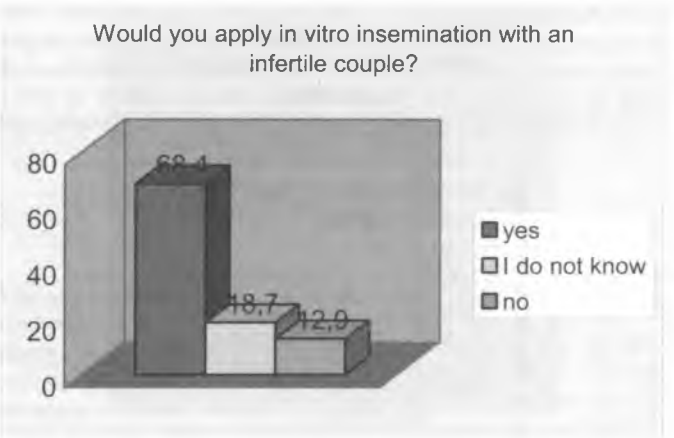


Fig. 5

If serious and incurable development defects of a foetus were registered, 35% respondents would recommend abortion, and 24% would refuse such an operation. There were differences at a high level of significance ($p<0.01$) in the results of the scale of religious attitudes between the groups of people giving dissimilar answers; it was affirmed that there was a negative correlation between the religiosity and consent to abortion in the above mentioned situation and it had a linear character (Fig. 6, 7).

The question: 'Would you order abortion to a woman who became pregnant as a result of rape?' was answered by 34% positively, by 29% negatively and the remaining persons could not decide. There were differences of the religious attitudes in all groups ($p<0.001$) and it was affirmed that there was a negative correlation between the religiosity and consent to abortion if the pregnancy was due to a punishable deed; it had a linear character (Fig. 8, 9).

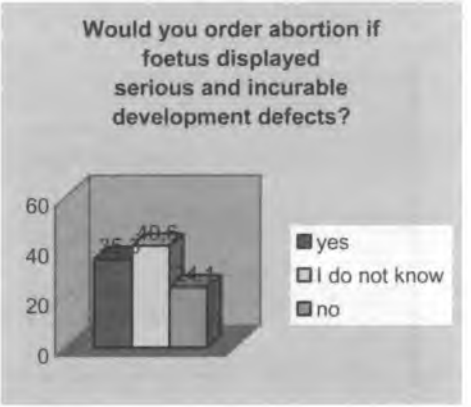


Fig. 6

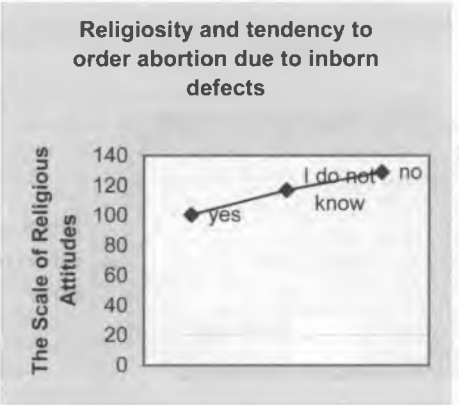


Fig. 7

Fig. 8

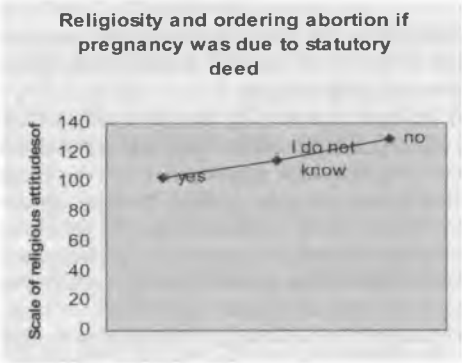


Fig. 9

Moreover, we asked the surveyed to underline to what extent they agree or disagree with the sentences describing the importance of faith in professional life. Around 30–40% of the surveyed answered that they 'strongly agree' or 'agree' with the statement that faith in God helps cope with everyday professional burden and tough decision-making (around 30% stressed the importance of prayer in taking tough decisions). Fifteen percent of people pointed to the critical role of faith in the decision to take up medical studies. The attachment of religious faith to the professional life strongly correlates (correlation coefficient >0.5) with the religiosity (Table 2).

Table 2. Religious beliefs in professional life

| | | Intensity of religious attitude |
|---|---|---|
| Faith in God makes it easier for me to cope with the hardships of medical profession | correlation coefficient | .690 |
| | significance | p<0.001 |
| Prayer helps me take difficult professional decisions | correlation coefficient | .599 |
| | significance | p<0.001 |
| In difficult situations in my professional life it is the awareness of God's presence that helps me | correlation coefficient | .744 |
| | significance | p<0.001 |

## DISCUSSION

The survey was concerned with the issue of defining the importance of faith in God and religiousness in the professional lives of doctors and their influence on behaviours and therapeutic decisions. Previously held research proved that medical students found religious attitudes to be of importance in medical decision-making (8).

High percentage of persons believing in miracles corroborates the fact the doctors do not pursue their profession following the reductionistic paradigm only, on the contrary, they are open to the possibility of patient's condition being influenced by numerous unknown, or even supernatural factors.

The results of our analyses demonstrate a crucial role of religious faith in doctors' professional life. Although it is not of primary importance in everyday, regular contacts with patients (yet it is of certain substance), its role in tough moments largely expands. In extreme circumstances it is strongly attached to doctor's decisions. Sometimes the role of faith finishes with a doctor (e.g. when it helps him bear the hardship of everyday routines at work), however, it

is frequently reflected in his decisions concerning the patient, particularly these of life and death. This impact is clearly discernible in the sphere in which there is a discrepancy between the legal *status quo* and the teaching of the Roman Catholic Church when it comes to the permissibility of various operation and pharmacological methods.

The conflict between the legal permissibility and the teaching of the Roman Catholic Church is manifested through the issues of contraception, *in vitro* insemination, abortion in case of serious and irreversible development defects, and abortion due to rape pregnancy. From among birth control methods, the Church accepts only natural methods as morally justified: artificial insemination is considered immoral (3,4). A gravely immoral act is abortion as a consequence of rape and when the foetus displays serious and irreversible development defects (4).

The results of our investigation demonstrate that the prevailing number of doctors (around 25%) will subscribe to their own religious beliefs in the above mentioned situations. It is a group of people of intensive religiousness maintaining a deep relation to God. Such doctors' decisions may spark conflicts with patients who demand what they are entitled to by law. These conclusions blaze the trail to a discussion on the doctor's conscience autonomy.

The associations between the intensity of religious attitudes and certain medical decisions are of statistical nature and do not exclude the possibility of similar behaviour of believing and non-believing doctors; however, high correlation coefficients prove that the religiosity is one of the leading factors justifying certain decisions.

Religious faith is very seldom a subject of discussions while considering the problems of medical thinking, its logic and decision-making criteria; perhaps, due to its non-empirical, hard-to-capture nature. This factor, in the light of our research, comes out to be exceedingly significant in the medical decision-making process – especially with very religious persons. It seems apparent that with such people (around 30%) it plays a much greater role than the legal, code or other factors.

The results obtained from the survey held among the final year medical students are to some extent imperfect, however, the outlook of a student who enters the professional path in a few months' time and possesses certain experience and observations from their practices and training may allow conservative extrapolation of these results onto the group of professional physicians. The significance of religious faith in the process of medical decision-making calls for further research that will specify its role and exhibit its contribution to other decision elements.

## CONCLUSIONS

1. Religiosity appeared to be a significant factor explaining certain behaviours towards the patient and also strongly associated with certain professional decisions.
2. An intensive religious attitude is strongly connected with the religious involvement in professional life, especially in difficult situations.
3. There is a negative relation between the religiosity and tendency to prescribe contraceptives, application of external insemination, and consent to abortion caused by rape and if foetus is suffering from serious and incurable development defects.
4. Doctors of extended religiosity when in conflict will opt for their own religious beliefs, which may cause difference of opinion with patients demanding the observance of state law.
5. A strong majority of the surveyed persons believes in miracles.

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## SUMMARY

The influence of religiosity on people's behaviours and attitudes has become one the fields of interest of medicine, because, as corroborated by numerous researches, religious relief may influence the comprehension of such notions as health and illness, taking care of one's condition, recurrence of visits at a doctor's, the length of hospitalization, continuance of cessation of intensive medical care, decisions on abortion. The purpose of the held research was the analysis of the role of religious belief in the professional life of future doctors as well as the answer to the question of whether there exist any interrelations (and of what strength) between the religiosity and attitudes towards patients and decisions taken in the situations when the teaching of the Roman Catholic Church and legal regulations of the state do not align with each other. The survey was carried out on a group of 230 final year medical students. The group consisted of 64% of females and 36% of males. As regards religious belief, the group was relatively homogeneous: 97% declared Roman Catholic denomination. The distribution of religiousness corresponded to the distribution of moral values. Statistical analysis demonstrated that the group of respondents consisted of the persons of moderately high religiosity and relatively low religious crisis indicator. The advanced analysis did not allow for the persons experiencing deep religious crisis. The results of our examination prove that a considerable number of doctors (around 25%) will subscribe to their own religious convictions if there should be a conflict between the standards of Catholic ethics and legal regulations. We concluded that religiousness appeared to be a crucial factor justifying certain attitudes towards the patient and also exhibiting strong association with specific professional decisions.

## Wiara religijna w życiu zawodowym lekarzy w opinii studentów medycyny

Wpływ religijności na postawy i decyzje ludzkie jest jednym z przedmiotów zainteresowania medycyny, ponieważ, jak wykazały liczne badania, wiara religijna może wpływać na rozumienie pojęć zdrowia i choroby, dbałość o stan zdrowia, częstość wizyt, długotrwałość hospitalizacji, kontynuowanie lub zaprzestanie intensywnej terapii, decyzje w sprawie aborcji. Celem przeprowadzonego badania była analiza roli wiary religijnej w życiu zawodowym przyszłych lekarzy i odpowiedź na pytanie czy istnieją zależności (i jaka jest ich siła) pomiędzy intensywnością religijności a postawami wobec pacjenta i decyzjami w sytuacjach, w których występuje rozbieżność pomiędzy nauką Kościoła katolickiego a regulacjami prawnymi w państwie.

Badanie przeprowadzono na grupie 230 studentów medycyny ostatnich lat studiów. W badanej grupie było 64% kobiet i 36% mężczyzn. Pod względem wyznania grupa była prawie jednorodna: 97% deklarowało wyznanie katolickie. Rozkład religijności był zgodny z rozkładem normalnym. Analiza statystyczna wykazała, że grupa respondentów składała się z osób o umiarkowanie wysokiej intensywności postawy religijnej i względnie niskim wskaźniku kryzysu religijnego. W zaawansowanej analizie nie uwzględniano osób znajdujących się w kryzysie religijnym. Wyniki naszych badań wskazują, że znacząca część lekarzy (ok.25%) w sytuacjach konfliktu pomiędzy normami etyki katolickiej a regulacjami prawnymi będzie opowiadać się po stronie swoich przekonań religijnych. Stwierdziliśmy, że religijność okazała się istotnym czynnikiem wyjaśniającym postawy wobec pacjenta, a także pozostającym w silnej zależności z określonymi decyzjami zawodowymi